

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/719379**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10		5				
11	1					
12		1				
13		1				
14		1				
15		①				
16		①				
17		1				
18		1				
19		1				
20		①				
21		1				
22		①				
23		1				
24	1					
25		1				
26		1				
27		5				
28		①				
29		5				
30	1					
31		①				
32			1			
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				14		
47				14		
48				14		
49				14		
50				14		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				14		
52				14		
53				14		
54				14		
55				14		
56				5		
57				9		
58				14		
59			1			
60				9		
61				5		
62				14		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS